BINDING FOR RESERVED ARGIN

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEATH should County Sent C item of Registration Dist. No Village or City\_ (If death occurred in a hospital or institution, give its NAME instead of street and number. PHYSICIANS Length of residence in city or town where death occurred\_\_\_\_\_ How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos. Every statement If U. S. Veteran, specify WAR\_. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT (Month) classified. 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of × 国 6. DATE OF BIRTH (month, day, and year) certificate properly If LESS than 7. AGE Months Davs to have occurred on the date stated above, at \_\_\_\_ 9\_\_\_m. stated 1 day ....hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance or .... min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION THIS back may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... UNFADING INKon 10. Dete deceased last worked at 11. Total time (years) this occupation (month and spent in this that year) \_\_\_\_\_ occupation ... instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town (State or country) supplied. plain terms, HER 13. NAME FAT Name of operation..... 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy?\_\_\_ carefully OTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_\_ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. pluods very 17. INFORMANT. OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE AUSE ation Neture of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER

Date of enset

M. D.

Registrar,	(Address) Stell First
If more blanks are needed, address State Registrar, 2411	N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	[1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
H BLACK V. S.	1 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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ADING INK-THIS	ied. AGE should be	is, so that it may be	tructions on back of
UNFADING INK-THIS	upplied. AGE should be	terms, so that it may be	e instructions on back of
TH UNFADING INK-THIS	ly supplied. AGE should be	olain terms, so that it may be	See instructions on back of
WITH UNFADING INK-THIS	refully supplied. AGE should be	in plain terms, so that it may be	ant. See instructions on back of
VLY, WITH UNFADING INK-THIS	e carefully supplied. AGE should be	ATH in plain terms, so that it may be	nportant. See instructions on back of
LAINLY, WITH UNFADING INK-THIS	ild be carefully supplied. AGE should be	DEATH in plain terms, so that it may be	ry important. See instructions on back of
E PLAINLY, WITH UNFADING INK-THIS	should be carefully supplied. AGE should be	OF DEATH in plain terms, so that it may be	s very important. See instructions on back of
WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	IION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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1.2	0	U	0	4	

1. PLACE OF DEATH County Kent	Registration Dist. No. 2121
	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2 FILL NAME France Mascelone De C	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Vear)
5a. If merried, widowed, or divorcad HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Month  Oays  If LESS than  I day,hrs.  ormin.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	I last saw h.e
SAMYER, BOOKKEEPER, etc.   SAMYER, BOOKKEEPER, etc.	Culmonary Fubreulosis UN Crown Possibly 10 Other Contributory Causes of importance:  Glarie
13. NAME James P. Ville Corse  14. BIRTHPLACE (city or town) Kind Co.  (State or country) Maryland	Nama of operation Oate of  What test confirmed diegnosis? Was thera an autopsy? Ma
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  (Address)  18. DURIAL, CREMATION, OR REMOVAL  Place  (Address)  18. DURIAL, CREMATION, OR REMOVAL  Place  (Address)  (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
19. UNDERTAKER Reff H. Spill 19. UNDERTAKER (Address)  20. FILEO Nec., 17, 1937 N.J. Kicks Registrar.	Nature of injury  24. Was disease or injury in any wey related to occupation of deceesed? 7Co  If so, specify A.S.  (Signed) A.S. Lyge firm nons  (Address) Chastertown, md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset
Arteriosclerosis 3 4 F D	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 4 1938	July 5,1927	Peritonitis	3 days ago
SHAPPAU V, S.			
Other contributory causes of importance:		Other contributory causes of importance:	H H H L
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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VRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement.	
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See instructions on back of certificate.

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should state of OCCUPA. STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	(202)
County / Ken	Registration Dist. No. 2-6 /
Village or City Bellerlow had	NoSt,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME arthur fremerson	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)  Washe	21. DATE OF DEATH  Lac 9  (Month) (Day) (1937  (Tear)
5a. If married, widowed, or divorced HUSBANO of Cor) WIFE of Thurs Emerson	22. I HEREBY CERTIFY, That I attended deceased from  22. J. 1937, to Dec 9 10, 1937
6. DATE OF BIRTH (month, day, end year) Coc/- 2 9 / 863	I last saw harma alive on Day 9 th , 19.3.7; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
74 / 1 /0 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Paroles Derotion: Unknown gur
work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) CCCC CO (State or country)	Other Contributory Causes of importance:
# 13. NAME William HEmerson	
14. BIRTHPLACE (city or town) Caroline Co	Name of operation Date of
1 (State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Sephia Ruley	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Sephia Ruley  16. BIRTHPLACE (city or town) Cecles,  (State or country)	Accident, suicide, or homicide?
17. INFORMANT JULO Mina Emerson	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Still Sand Date blec 12, 1937	Manner of injury
19. UNOERTAKER BROTOLLES (Address) Brotolles (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO DE 11 , 1237 J William Colonell	(Signed)
Registrar.	(Mudiess)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I	II	Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1/1/1/4 10/98	July 5, 1927	Peritonitis	3 days ago
	Water V. S.	2		
Other contributory ca	uses of importance:		Other contributory causes of importance:	11 2
Gallstones		May 1,1923	Gastroenteritis	1 year

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VRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	ON is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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1. PLACE OF DEATH	Cons. /
County Kent	Registration Dist. No. 500
Village or City Near millington	No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
	s. 24ds. How long in U.S. if of foreign birth? yes. mos. ds.
2. FULL NAME. Leon ( wans)	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, while the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from  1937, to Par 14 1937
6. DATE OF BIRTH (month, day, and year) Feb. 20, 1937	I last saw have alive on Low 12 , 1927; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 400 Am.
8 24 I day,hrs.	mera as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Annel Premoria 12/45
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	The broncho-preumonial was premary
SAW MILL, BANK, etc	cuep
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Queen Game Concell (State or country)	Other Contributory Canses of importance:
13, NAME Grand Erasi)	
E CD to O	Non- of country
(State or country)	Name of operation
W. 15. MAIDEN NAME Waltie Suckery	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Waltie Suckery  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
O I6. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
17. INFORMANT Genald Erans (Address) Williams	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Levelloate Dec. 17 193	Manner of injury
19. UNDERTAKER John A. Toking S.	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
20. FILED 12//2 , 1921 m. Jone Registrar.	(Signed) Member Buse M. D.  (Address) Mullim Da Ilia
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(67)
County Kent	Registration Dist. No. 20
Village or City Still Fond	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrs
n.00. 11. m	
2. FULL NAME / Cleam Starfer / /	AALISAI U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH UCEMBER 9 193 (Month) (Day) (Feat)
5a. If married, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	, 19, to, 19
6. DATE OF BIRTH (month, dey, and year) Now, 14, 1904	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
20 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Frade, profession, or particular kind of work done, as SPINNER,	Lound dead in a car, about
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	self-inflicted geen det 1,173
work was done, as SILK MILL, SAW MILL, BANK, etc	Deast
10. Date deceased last worked at this occupation (month and Dec. 8 spent in this occupation wear)	
12. BIRTHPLACE (city or town) Still Pond (State or country) Kent Commandant	Other Coutributary Causes of importance:  Carbon monspide Nov. 1,
1	Jousoning. 1927
13. NAME Hilliam Medders  14. BIRTHPLACE (city or town) Lafenay	Name of operation Dete of Dete
(State or country) Lent Co. Mod.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Olive Harper	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Suicide Date of Injury 12/1/, 1931.
(State or country) Bent Col Md	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Stilliam Meddless (Address) Stillbond	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Still Fored Hid Date hele 13, 19.37	Nature of injury
19. UNDERTAKER BR. + etlews (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20, FILED De 13, 1937 INCOLOUR	(Signed) Fraud M. Daville Creoner M. D.
Registrar,	(Address) Cullingua 149

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	A section and the	1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE 1	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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T RECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	
B. WRITE PLANIX, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13086
1. PLACE OF DEATH	(814)
County Kent Co, Sha	Registration Dist. No. 200
Village or City Near Galina	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a norpital or institution, give its INAIME, instead of street and number) ds. How long in U.S. if of foraign birth? ds.
2. FULL NAME Ralph Profeed	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RACE   5. SINGLE, MARRIND, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED furite the world	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded decaesed from
1	July 10, 1935, 10 Dec 19, 1957
6. DATE OF BIRTH (month, day, and year) May 20 - 1898	I last saw hemalive on Dee 17, 1937; daath is said
7. AGE Yaars Months Days If LESS than 1 day,	to hava occurrad on the date stated above, et
47 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Jan 1934
kind of work dona as SPINNER, yanw Jahren	multiple decerous
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and yaar) occupation.	
12. BIRTHPLACE (city or town) Cocil Co, Ind.	Other Contributory Causes of importanca:
(State or objectiv)	12-17-37
14. BIRTAPLACE (city or town) Caril Co, Ond	
14. BIRTAPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or tolum)	Accident, suicide, or homicide?
CO Paris	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 9 4 1	Specify whather Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. SURVAC, GREMATION OF REMOVAL	Manner of Injury
The fairly Comment Date Dec 2, 193/	Nature of injury
19 UNDERTAKER John J. Coffage	24. Was disease or injury in any way related to occupetion of deceased?
(Addrass) Oscilla Und	If so, spacify
20. FILEO Nec 20, 1937 Seo. R. June of	(Signed) G. M. Cruektay M. D. (Address) Middle than, Del
16 11 11 11 11 11 11 11	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	l l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JAM 5 1938			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

WRITE PL V. S. No. 1

	AND—CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Key	Registration Dist. No. 200
Village or City & Eargetonn	No. St., Wa
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number)  yrsds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Margaret Co	Scotten If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of ab	
PERSONAL AND STATISTICAL PARTICU	LARS MEDICAL CERTIFICATE OF DEATH
A. COLOR OR RACE OR DLY REED TO	
a. If married, widowed, or divorced HUSBAND of Corbination Color (or) WIFE of Nathaniel Color	Less 22. DI HEREBY CERTIFY That I attended deceased from 1937, to 1943
DATE OF BIRTH (month, day, and year)	196-7   last saw her alive on 10 19 19 19 37 death is s
AGE Years Months Days	If LESS than to have occurred on the data stated abova, at L
	day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	1 Chu hobolitet Heffins 1932
SAWIER, BUUNNEEPER, EIC.	Chr. Mysenthas 1931
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	<i>J</i>
Spellt III	this
z. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(Stata or country)	
13. NAME (Unknown	
14. BIRTHPLACE (city or town) When server	Name of operation Date of
(otate of country)	What test confirmed diagnosis?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Wikewaru	Accident, suicide, or homicide? Data of Injury, 19
7. INFORMANT Nes Grie J. Steinleis (Address) P.O. Completano Man	Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
B. BURIAL CREMATION OR MEMOVAL	Manner of injury
godona Cametry Date /2/23	Nature of injury
9. UNDERTAKER The ACHAGE (Address) Carlled Mag	24. Was disease or injury in any way related to occupation of deceased?
1 2 2 2 10 11	Registrar. (Address) Milly & M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 iveek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TERRICE IN E			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones JAN	May 1,1923	Gastroenteritis	1 year
C. WESSI V.			

RGIN RESERVED FOR BINDING

RECORD. Every item of infor-	PHYSICIANS should state	Exact statement of OCCUPA-	
S IS A PERMANENT I	stated EXACTLY.	properly classified. E	certificate.
MRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mition should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940)
County Kent	Registration Dist. No. 20/
Village or City Betterlow and.	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
1	
2. FULL NAME Warles Alway Smith	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, (write the word)	21. DATE OF DEATH Lec 13, 1937. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Whasy Ellew Brice  (or) WIFE of Wasy Ellew Brice	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) apr/23 /854	I last saw h Ance alive on Deel 12 th, 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 520Am
8 H 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of one of
SAWYER, BDDKKEEPER, etc.	angua Selosto
work was done, as SILK MILL,	
10. Date deceased last worked et this occupation (month end spent in this	
12. BIRTHPLACE (city or town) Officerock	Other Contributory Causes of Importance:
(State or country)	artegial Salevaro
13. NAME Richard Smith	
14. BIRTHPLACE (city or town) Que ted States	Name of operation Date of
(State or country)	What test confirmed diagnosis?Was there an autopsy?
15. MAIDEN NAME maryellen Brice.	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT August 10 22	Specify whether Injury occurred in INDÚSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Still Cond MidDate Wee 15, 1957	Nature of injury
19. UNDERTAKER BRITISHED RELIEVED	24. Was disease or injury in any way releted to occupetion of deceased?
20. FILED Dec/5, 137 & Millian Clarks Registrar.	(Signed) C. C. C. M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUKY			
A Marian			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		
			3.14

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13089
1. PLACE OF DEATH	93:20
County /Cent	Registration Dist. No. 202
Village or City Sanathen Meck	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foralgn birth?mos,ds.
2. FULL NAME Jarah Jane Alexa	ach -
(a) Residence: No. Meday Chickenson (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married	21. DATE OF DEATH
5a. If marriad, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Henry Stewark	22. A HEREBY CERTIFY. That I attended decaased from
6. DATE OF BIRTH (month, day, and year) with the form 1880	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day	to have occurred on the date stated above, at
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and	Journs dead on floor
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	Reart desease 3
this occupation (month and 20 3) spent in this up	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Sunkin Mull (State or country) Cent Co mid	Constitution Causes of Impurisace;
I 13. NAME James Thamely	
13. NAME James Okamely  14. BIRTHPLACE (city or town) - Multipus 1.  (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Dennetta Brondway  16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
(State or country) Success and Come Co me	Whera did injury occur?
17. INFORMANT Mondo Thomas Thomas (Address)	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Tomona Date Lec J 1937	Nature of Injury
19. UNDERTAKER OLESTENTON M. (Addiess) Chesterton M.	24. Was diseasa or injury In any way ralated to occupation of deceased?
20. FILED blec 4, 1937 W.J. Dricks Registrar.	(Address) Chestalacon mag
	The state of the s

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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- 9.-The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AN 4 1930	July 5,1927	Peritonitis	3 days ago
GUREAU V. S.	-33		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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ARGIN RESERVED FOR BINDING

item of infor-	should state	of OCCUPA-	
RECORD, Every	Y. PHYSICIANS	Exact statement	
A PERMANENT	ted EXACTL	operly classified.	tificate.
HIS IS	l be sta	r be pre	t of cer
UNFADING INK-T	supplied. AGE should	terms, so that it may	ee instructions on back
VRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

County  Village or City  Length of residence in city or Journ where death occurred  (II death occurred in a hospital or institution, are six NAME instead of street and number)  Length of residence: RD.  2. FULL NAME  (a) Residence: RD.  (Umal place of abodo)  St., Ward.  If numerical six or city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SSX  4. COLOR, OR RACE  S. MARE  (Word)  If numerical six or city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SSX  4. COLOR, OR RACE  S. MARE  (Word)  If numerical six or city or town and State  MEDICAL CERTIFICATE OF DEATH  11 DATE OF DEATH  22. I HER EBY CERT IFY, That I attended decessed from 19.2 T; death is said to have occurred on the date stated above, after six of more were in 19.2 T; death in said  1. ACE Very or particular  North, Bodonkiteria, etc.  SAW MILL, BARK, etc.  10. Quite fectivation propriets in the country of the country	STATE OF MARYLA	AND—CERTIFICATE OF DEATH 18090
Village or City  Langth of residence in city or town where death occurred  Langth of residence in city or town where death occurred  Langth of residence in city or town where death occurred  J. FULL NAME  (a) Residence: ND.  (Usual place of shools)  PERSONAL AND STATISTICAL PARTICULARS  St. Ward.  However, and State  PERSONAL AND STATISTICAL PARTICULARS  SI. IT WELL NAME  (Booth)  Langth of residence: ND.  (Usual place of shools)  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  22. LATE OF DEATH  (Sonoth)  (So	1. PLACE OF DEATH //	97
Langth of residence in city or town where death occurred	County Cent	Registration Dist. No. 20 /
Langth of residence in city or town where death occurred	Village or City Betterton	NoSt.,Ward
2. FULL NAME  (a) Residence: Nb.  (Unsubjace of shocks)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR, OR RACE  5. MARRIED.  (unife the word)  5. If married, (unife the word)  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  11 LESS than, 11 Journal of the stated above, at f. F. A 19.3. T. deeth is said  to have occurred on the date stated above, at f. F. A  Thousary or business in which 19.3. Trede, profession, or perticular Saw MLL, BARK, etc.  11. Total time (wears) 3. Seath of work down as SPINNER, SAWTER, BODNETER, etc.  3. STATE OF BIRTHPLACE (city or town). (State or country)  What Lest continued (signosis?  What Lest continued (signosis? What Lest continued (signosis? What Lest continued (signosis? What Lest continued (signosis? What Lest continued (signosis? What Lest continued (signosis? What Lest continued (signosis? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify word of country)  What Lest continued (signosis? What Lest continued (s	Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usus) place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. S. MARRIED  (worder the word)  5. If married  (worder the word)  5. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day	QT 11 4	
Clusial place of abode    PERSONAL AND STATISTICAL PARTICULARS   MEDICAL CERTIFICATE OF DEATH		0. W. J
3. SEX  4. COLOR OR RACE  5. MARRIED.  Curric the world  Curric th		
5. If married, washington and the state of t	PERSONAL AND STATISTICAL PARTICULA	ARS MEDICAL CERTIFICATE OF DEATH
5. LI MARTÍNE DE L'ANDRE L'AND		the word)  Alec 1937
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Jays  If LESS than I day	5a. If married, HUSBAND of Emma & Loy	22. I HEREBY CERTIFY. That I attended deceased from
To have occurred on the date stated above, at 224	200 - 200	1 21
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of oneset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of oneset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of oneset  Date of oneset		
A Trede, profession, or perticular kind of work dome, as SPINNER, SAWTER, BORNKEFER, etc.  9. Industry or business in which work was done, as SPINNER, SAW MILL, BARK, etc.  10. BIRTHPLACE (city or town)  (State or country)  11. Interpretation (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Plees  19. Understaker  (Address)  A was there an autopay?  Manner of Injury  Nature of injury  Nature of injury  Nature of injury  Nature of injury in any way related to occupation of deceased?  (Signed)  (Signed)	7/ (- 9 1 day	,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
SWERR, BDKKEPER, etc.  SAWER, BDKKEPER, etc.  SWERR, BDKKEPER, etc.  SWERK, BDKKEPER, etc.  SWERK, BDKKEP, BDKKE	R. Trade profession or particular	Date of onset
Dther Contributory Causes of Importance:    12. BIRTHPLACE (city or town)	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Cirlens scherona 1/20 X
Dther Contributory Causes of Importance:    12. BIRTHPLACE (city or town)	9. Industry or business in which work was done, as SILK MILL.	
Dther Coatributory Causes of Importance:    12. BIRTHPLACE (city or town)	SAW MILL, BANK, etc.	The same of the sa
Dither Contributory Causes of Importance:  Date of Importance:  Name of operation		s
13. NAME   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL   19. UNDERTAKER (Address)   19. UNDERTAKER (Signed)	W. FC	Dther Contributory Causes of Importance:
What test confirmed diegnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Plece  Date		<i>J</i>
What test confirmed diegnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Plece  Date	13. NAME Henry Zalester	
What test confirmed diegnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Plece  Date	14 RIPTHPI ACE (eith or town) Kanga	Name of operation
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  18. BURIAL, CREMAJION, OR REMOVAL Piece Date  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Mainer of Injury (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)  10. Specify (Signed)	(State or country)	
Where did injury occurred. (Specify city or town, county and State)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Plece Carter Date (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Specify city or town, county and State)  19. UNDERTAKER (Address)  19. UNDERTAKER (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  24. Was disease or injury in any way related to occupation of deceased?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of Injury  19. UNDERTAKER (Signed)  (Signed)	15. MAIDEN NAME Sallie Kelle	
Where did injury occurr.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Plece Scale of the State of Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  19. UNDERTAKER  (Address)  16 so, specify  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL  Plece Scale of Injury  Nature of Injury  19. UNDERTAKER  (Address)  16 so, specify  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of Injury  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of Injury  (Specify city or town, county and State)	16. BIRTHPLACE (city or town). Kent Co	Accident, suiclde, or homicide?Date of Injury19
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Plece Date Date 1, 1937.  19. UNDERTAKER (Address)  16. specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury Nature of injury  19. UNDERTAKER (Address)  16. so, specify (Signed)	(Stete or country)	Where did injury occur?
Piece Scale Cond Centry Date 1 7 1927.  Nature of injury  19. UNDERTAKER CAddress)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)  19. UNDERTAKER (Signed)	والمراز المراز ا	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)  24. Was disease or injury in any way related to occupation of deceased?  (Signed)	= A-D-D 00 1911	1/1037
Dog 22 Millian Polarh (Signed) 1 1 Jan Pro- M.D.		24. Was disease or injury in any way related to occupation of deceased?
LU, I ILLDiana, Dialagadada	Dogg 27 Millian Pol	The state of the second
Registrar. (Address)	20.11110	Registrar. (Address) Live College

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JAN 4 1938			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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WRITE PL

S. No. 1

TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND-CERTIFICATE OF DEATH PHYSICIANS should state JRD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

13091

1. PLACE OF DEATH	95-0
County Theut	Registration Dist. No. 262
Village or City Chestratown	NoSt.,Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number)  osds. How long in U.S. if of foreign birth?yrsmosds.
2. 60' 11'	7 , 1 , 1
2. FULL NAME Mary Elizabeth	d ab delta. S. Veteran, specify WAR
(a) Residence: Np. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female while OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY, That Lattended deceased from
(or) WIFE of John D Jebbett	Ba Modical allicition 19
6. DATE OF BIRTH (month, day, and year) Serve 24. 1858	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11. Si_m.
79 5 18 1 day,hrs	THE RESERVE CAUSE OF BEATER ON TOURSE OF THE POTENTIAL
8. Trade, profession, or particular	formed dead in bed Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	12/37
9. Industry or business in which work was done, as SILK MILL,	Vente Myscardilis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and control of the properties).	
this occupation (month and le / 2 spent in this for occupation year)	
Mentai	Other Cantributary Causes of importence:
12. BIRTHPLACE (city or town)  (State or country)	O brone dastrilas - 1934
	- a write pawritie - 2957.
14. BIRTHPLACE (city or town) sullivores	
14. BIRTHPLACE (city or town) Successful (State or country)	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / RALY Flizabeth Cadway	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Play Pleaseth Dedword  16. BIRTHPLACE (city or town) - fundament.	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Laymont & whole (Address) This help on	Specify whether Injury occurred in INDÜSTRY, in HOME, or In PÜBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Alelaney Church Date 12/18, 1937	Neture of injury
19. UNDERTAKER Relph H. Exclose	24. Was disease or injury In any way related to occupation of deceased?
(Address) Chestarlonge, med	If so, specify A
20. FILED Slee IV 19.37 W.J. Kick's	(Signed) fraut / Smith Coronor M. D.
Registrar.	(Address) Chestuter m.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	-Date of onset	The principal cause of death and related causes of importance were as follows:	
01	1915	Attack of epilepsy  Run over by street car	1 week ago
			1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A STATE OF THE STA			
	- Andrewsonski		
Other contributory causes of importance:		Other contributory causes of importance:	No. of East
Gallstones	May 1,1923	Gastroenteritis	1 yeor

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING See instructions on back of certificate. nation should be carefully supplied. AGE should be TION is very important.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	11	10	D	()	
1	0	U	J	2	

1. PLACE OF DEATH		107-01	
County Kent		Registration Dist. No. 20	3
Village or City Ruck Hull	(lf	No. It Must Recell St., death occurred in a hospital of institution, give its NAME instead of street and no	Ward
Length of residence In city or town where death occurred		ds. How long In U.S. if of foreign birth?yrsmod	
2. FULL NAME William Henry Tix	glimo	If U. S. Veteran, specify WAR	
(a) Residence: No. // Nuy Mack	oode)	St. Ward.  If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (20 47 clor)	vrite the word)	21. DATE OF DEATH Seo. 18 (Month) (Day)	193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Tilghman		22. I HEREBY CERTIFY, That I attended d	ieceased from
6. DATE OF BIRTH (month, day, and year) Lot Known		, 13-10-10-10-10-10-10-10-10-10-10-10-10-10-	; death is said
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, etm.	
	day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.		Bileteral Brouches -	
9. Industry or business in which		Pue unitus	
work wes done, es SILK MILL, SAW MILL, BANK, etc			
10. Date deceased last worked et this occupation (month and 1937 this occupation (month and 1937 occupation occupation)	this		
12. BIRTHPLACE (city or town) Kent County		Other Contributory Causes of Importance:	
(State or country)	md.		
13. NAME Lot Known			
14. BIRTHPLACE (city or town) west known		Name of operation Date of	Page 1
(State of County)		What test confirmed diagnosis? Was there an at	rtopsy?
15. MAIDEN NAME Kut Known		23. If death wes due to external causes (VIOL ENCE) fill in also the following:	
o 16. BIRTHPLACE (city or town) Ref Kurry		Accident, suicide, or homicide? Date of injury	, 19
(otato or obtainly)		Where did injury occur? (Specify city or town, county and State	)
17. INFORMANT Aluic Willer (Address)		Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	- 1 57	Manner of Injury	
Place Comple Alm Date When	2/_,1937	Nature of Injury	
19. UNDERTAKER Maria pot to utilis	1 (	24. Was disease or injury In any way related to occupation of deceased?	40
(Address) hafuh trag	Sand	If so, specify	
20. FILE CEC : 2/ 1927 Mar. 7: Vo. D	nisotisi	(Signed) MUNICA PUNCTURE	M. D.
	Registrar.	(Address) I with tall line	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	JAN 9 1003	July 5,1927	Peritonitis	3 days ago
- 1	SHEERU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year